

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09811123

FILING DATE

3-16-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2		✓		✓		
3		✓		✓		
4		✓		✓		
5		✓		✓		
6		✓		✓		
7		✓		✓		
8		✓		✓		
9		✓		✓		
10		✓		✓		
11		✓		✓		
12		✓		✓		
13		✓		✓		
14		✓		✓		
15		✓		✓		
16		✓		✓		
17		✓		✓		
18		✓		✓		
19		✓		✓		
20		✓		✓		
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24		✓		✓		
25		✓		✓		
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35		✓		✓		
36		✓		✓		
37		✓		✓		
38		✓		✓		
39		✓		✓		
40		✓		✓		
41		✓		✓		
42		✓		✓		
43		✓		✓		
44		✓		✓		
45		✓		✓		
46		✓		✓		
47		✓		✓		
48		✓		✓		
49		✓		✓		
50		✓		✓		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		↓	15	↓		↓
TOTAL CLAIMS			16			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		✓		✓		
52		✓		✓		
53		✓		✓		
54		✓		✓		
55		✓		✓		
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100						
TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	52	↓		↓		↓
TOTAL CLAIMS	54					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS